remedy too frequently, as symptoms are very easily produced from absorption of the drug.

Much might be said on the treatment of gastric catarrh, but the space at my disposal is limited, and, rather than deal with it in a cursory manner, I would refer the reader to the excellent treatises of Brinton, Wilson Fox, and my father, who among many other authors have written upon the subject.

Suffice it to say, that absolute rest, suitable and unirritating forms of nourishment, fluid diet if necessary, and alkaline sedative remedies are the well-known principles on which such cases should be treated.

It is impossible to lay too much stress upon the importance of successfully coping with the various gastric disturbances that arise in the course of phthisis. The elements of success are assured when a correct diagnosis has been made as to the cause of the symptoms. Hence I have labored to define and classify these causes in the hope that my experience may be of help to those who, like myself, are daily brought in contact with one or other phase of this terrible and far-reaching scourge.

FIFTY-FOUR CASES OF MOLAR PREGNANCY.

By Theophilus Parvin, M.D.,
OF PHILADELPHIA.

The statistics here presented are of cases in which the product of conception presented those appearances which have given it the name of *Fleischmole, mola carnosa,* or flesh-mole. This application of the term mole, as well as its use, qualified by the word cystic, to what is generally spoken of as hydatidiform degeneration of the placenta, is not unobjectionable, and is less frequent than formerly. Nevertheless, flesh-mole or fleshy mole indicates so well the obvious appearances of the expelled mass in certain abortions that it may be properly retained.

Roederer (*Elementa Artis Obstetricæ*) thus defined a mole: "*Ovum deforme, in quo partes embryonis et secundarum distingui vix possunt, molam vocabimus.*" Dionis, under the head of *faux germe*, speaks of this "fleshy body" as having the form and solidity of a young turkey's gizzard, and again of its being the size of a small egg.

The first table following contains twenty-two cases from the records of the Munich Frauen-Klinik, kindly given me at Dr. Winckel's request by his assistant, Dr. Lamping. The second table includes twenty-seven cases obtained from the library of the College of Physicians, Philadelphia. After the tables five additional cases will be presented, one of them given me by Dr. Winckel when I was in Munich in August, 1891.

CASES OF MOLAR PREGNANCY. TABLE I.

No.	Name.	Age.	Number of labors and miscarriages.	Date of last menstruation.	Date of expulsion.	Previous health.	Hemorrhage.	Expulsion spontaneous.	Character of mass expelled.	Recovery.
1	Frau S.	32	5 normal labors.	Middle of November.	January 21.	Influenza with fever for eight days.	Eight days.	Spontaneous.	Death of embryo from disease of circulation.	Yes.
2	Maria J. unmarried.	22	Second pregnancy	October 20.	January 23.	Good.	Severe bleeding.	Spontaneous.	Chorion and circumflex decidua separated from the amnion.	Yes.
3	Frau St.	38	10 pregnancies: 3 living children; 3 dead-born; 3 miscarriages.	November 8.	February 1.	Light bleeding during pregnancy.	Severe bleeding.	Normal.	....	Yes.
4	Frau S.	23	iii-para. Normal labors.	November 2. to December 2	February 1.	End of December severe influenza.	Severe bleeding.	Normal.		
5	Frau Y.	23	i-para.	Middle of November.	February 28.	Good.	Moderately severe bleeding.	Spontaneous.		
6	Frau F.	32	ii-para. Normal births.	December 2.	March 1.	Good.	4 days bleeding.	Spontaneous.		
7	Frau F.	33	13 labors; 1 abortion.	February 9.	April 26.	Good.	Severe bleeding during expuls'n	Spontaneous.	Hemorrhage into chorion	
8	Anna H. unmarried.	16	i-para.	February 7.	April 27.	Bleeding for several days.	....	Spontaneous	Ovum inverted into posterior wall of decidua vera; hemorrhage into decidua-vera.	
9	Frau R.	35	iv-para. 1st and 2d normal; 3d, child dead-born.	Beginning of February.	May 14.	Good.	Trifling bleeding.	Spontaneous.		
10	Frau S.	26	iv-para Normal labors.	Middle of April.	July 4.	Good.	Slight.	Spontaneous.	Apoplexy of chorion.	Perfect.
11	Frau B.	33	xi-para. 9 births; 1 still-born child; 1 abortion.	End of April.	July 5.	Good.	Slight.	Spontaneous.	Hemorrhage under the amnion.	Perfect.
12	Frau R.	34	iv-para. 3 abortions; 1 labor at term.	Beginning of May.	July 19.	Always delicate.	Severe bleeding for two days.	Spontaneous.	Decidua reflexa and chorion torn.	Perfect.
13	Frau L.	30	vi-para. Normal births; except 5th; abortion.	End of July	Middle of October.	Heavy lifting caused abort'n	Severe.	Spontaneous.	Apoplexy of the membranes	Perfect.
14	Frau P.	30	iv-para. Normal births.	July 14.	October 13.	Good.	Severe.	Spontaneous.	Ovum intact; large part of decidua wanting; hemorrhage in the chorion.	Perfect.
15	Frau H.	36	v-para.	October.	Beginning of January.	Good.	Not severe.	Spontaneous.		
16	Frau R.	22	v-para. Normal births.	Middle of December.	February 24.	Good.	Slight.	Spontaneous.		
17	Frau B.	27	iv-para. Normal births.	October 25.	February 25.	Frequent hemorrhages.	No bleeding.	Spontaneous.		
18	Frau D.	?	iv-para. 2 normal; premature.	November 15	April 7.		Seventeen days colic.	Spontaneous.		
19	Frau X.	32	v-para. Normal births.	February 4.	April 26.	....	Hemorrhage one day.	Spontaneous.		
20	Frau N (?)	24	viii-para. 4 children; 3 abortions.	February 22	May 20.	Good.	Very severe bleeding.	Spontaneous.	Hemorrhage in chorion.	
21	Frau N (?)	37	xii-para. 1 premature; others normal.	Last of Feb'y.	July 11.	Under unwise treatment.	Slight bleeding.	Spontaneous.	Superficially a series of ruptured vessels.	
22	Frau S.	22	x-para. Abortion in 2d pregnancy.	May 8.	July 27.	Severe vomiting in pregnancy.	Severe bleeding.	The ovum manually removed from os uteri.	Apoplexy of chorion and decidua reflexa.	

TABLE II.

No.	Name.	Age	Date of delivery.	Number of labors and miscarriages	Last menstruation.	Hemorrhage	Delivery: spontaneous manual, instrument'l	Former health	Character or condition of expelled mole.	Re-cov'ry	Accoucheur.	Where reported.
1	?	?	January, 1880	3 labors; 1 miscarriage six months previous (Aug 1885)	Spring, 1885.	Constant oozing since miscarriage.	Few hours after vigorous curetting of uterus.	Good up to date of miscarriage	Round, fleshy mass, with remains of amotic sac visible at lower portion. On section soft, spongy, suggestive of hypertrophied placental tissue. Microscopical examination failed to reveal remains of chorionic villi; tissue largely myxomatous.	Yes	Gillette.	Am. Journ. Obst., 1886, p. 403-5.
2	Mrs. A.	25	April 8, 1841	7 pregnancies. (3 of these had resulted in anomalous productions which were expelled at full term.	July, 1840.	Slight.	Spontaneous	Good up to 8th month.	Masses of putrid coagula of blood, very dark, very offensive, enveloped in a membranous sac, the whole being of a rounded form. Microscopically, consisted of a cellular structure, the cells inclosing a caseous matter.	Yes	John Grove.	Lancet, 1840-41, ii. 368-70.
3	Mrs. A.	32	June 12, 1878	3 labors.	January 14, 1878; continued flow since.	Profuse, daily for 5 months previous to delivery of mole.	9 hours after introduction of uterine sound.	Good to January 1878.	Ovoid mass, size 6 x 4 inches; placental tissue over the surface; uniformly hard and resisting to the touch. Tissue dense with central cavity less than three inches deep, containing no fluid.	Good but slow.	E. S. Dunster.	Mich. Med. News, Detroit, 1869.
4	?	26	Feb. 10, 1853	3 labors.	Feb., 1852.	Moderate for 8 or 9 mos.	12 hours after exhibition of powerful dose of cathartic medicine.	Good to May, 1852.	Mass size of fist; solid. Surface smooth, rounded, with remains of thin areolar membrane attached to it. Section presented a vascular surface composed of tough and organized lymph, containing bundles of delicate white fibro-cellular tissue.	Yes	Hutchinson.	Trans. Path. Soc., Lond.,, 1852-53, iv. 217.
5	?	41	1874	8 labors.	13 months before deliv. of mole. (History of fall at the 6th month.)	Considerable at time of delivery of mole.	Few hours after introduction of sound.	Good.	Thick cast of the interior of the uterus, with walls one-third inch in thickness. Corresponded exactly in size with the enlargement of the uterus.	Yes	Thomas More Madden.	Med. Press and Circ., March 18, 1874
6	Mrs. C.	24	Aug. 17, 1814	3 labors; 1 miscarriage.	4 months previous to discharge of mole.	Slight for week before delivery; profuse at time of delivery.	Spontaneous	Good.	Oblong fleshy cake, three inches in diameter, possessing every characteristic of a natural placenta, and having a membranous bag connected with it. Whole surface of mass covered with tumors in clusters, livid fleshy-brown in color, containing coagulated blood.	Yes	M. Lemon.	Edinb. Med. and Surg. Journ., 1815, xi. 96-100.
7	?	?	Oct. 3, 1869	Miscarriage at 4 months, July 8, 1869; placenta retained.	7 months previous to delivery of mole.	?	Spontaneous	?	Globular mass, shape of the cavity of the womb. On section, composed of white fibrous tissue with a vascular stroma.	Yes	Newman.	N. Y. Med. Rec., Dec. 1, 1869.

8	?	?	June, 1851, four weeks after birth of last child.	2 labors.	10 or 11 mos. previous to delivery of mole.	Profuse for two weeks before delivery.	Manual.	?	Organized body weighing 6 or 8 ounces; in color and consistence resembling liver upon its upper surface, with white tendinous cords attached to its inner portion. Inner surface ragged, and attached to it were numerous clusters of little granular bodies resembling the roe of fish, but exceedingly tenacious. The difference between the clusters of the organized substance and hydatids consisted mainly in their solid, tough, granular feel, rolling between the fingers like small shot. The portion of the mass from which they were suspended was fleshy and in some parts tendinous.	Yes	Jos. Parrish.	New Jersey Med. Reporter, June, 1851.
9	Mme. X.	21	Aug. 27, 1863	1 labor two days previous to discharge of mole.	8 months previous.	None.	Spontaneous	Good.	Mass, of a dirty-white, yellowish color, dense, rough on the surface, slightly vascular, and very fatty. Its volume almost equalled that of the two fists.	Yes	Pichon.	Gaz. d. Hôp., Paris, 1865, xxvii. 169.
10	Negress	35	June 10, 1859	5 labors.	Jan., 1859.	Considerable at time of delivery of mole.	Spontaneous	Delicate health since birth of last child 3 years before.	Mass of hetrogeneous matter consisting of lumps of fatty material of irregular size inclosed in a delicate pellicle or fibrous membrane; in the fat was a number of lumps of various shapes and sizes, from that of a walnut down, some resembling clotted blood, and others muscle tissue. The entire mass filled a gallon measure.	Yes	R. Quinney.	New Orleans Med. and Surg Journ., Sept., 1859.
11	Mrs. W.	30	March 20, 1878	2 labors; no miscarriages	One year previous.	Considerable at time of delivery of mole. Dark yellowish discharge with foul odor after 4th month till time of delivery.	Spontaneous	?	Mass size of fist. "Presented the usual appearance belonging to the carneous mole."	Yes	Underhill.	Am. Journ. Obst., March, 1879.
12	Mrs. M.	34	Dec. 24, 1884	5 labors.	March, 1884	Since June, 1884, continuous brownish, watery discharge, of bad odor, and occasionally bloody. None at time of delivery.	Spontaneous	Good.	Mass size of full-term placenta; heavy, dense, with a hard fibrous feel. Membranes intact. Central cavity containing about half a pint of dirty-colored liquor amnii. At the bottom of the cavity were a number of large varicose veins.	Good	Schoolfield.	Cin Lancet and Clinic, 1885, xv. 98.

No.	Name.	Age	Date of delivery.	Number of labors and miscarriages	Last menstruation.	Hemorrhage	Delivery: spontaneous manual, instrument'l	Former health.	Character or condition of expelled mole.	Recov'ry	Accoucheur.	Where reported.
13	?	?	?	?	?	Very profuse at time of delivery.	Instrumental—blunt hook and curette.	?	Mass resembling placental tissue, firmly adherent to uterine fundus.	Yes	L. Wolff and Dr. A. Reported by Rosenthal.	Journ. Amer. Med. Assoc., 1888, 255–262.
14	German woman	?	?	? (History of several similar gestations.)	2 or 3 mos. prior to delivery of mole.	Profuse at time of delivery.	Spontaneous	Good.	?	Yes	Ditto.	Ditto.
15	German woman	30	?	?	?	Profuse at time of delivery.	Instrumental—Beecher's placental forceps	?	Round soft mass, firmly adherent to uterine walls. Pedicular portion had undergone distinct fatty degeneration.	Yes	Ditto.	Ditto.
16	Mrs. C. Italian.	?	?	A number of miscarriages	?	Profuse at time of delivery.	Instrumental—Beecher's forceps with blunt curette.	?	?	Yes	Ditto.	Ditto.
17	Mrs N.	35	?	Sterile.	10 weeks prior to delivery of mole.	Profuse at time of delivery.	Spontaneous after tamponnage and use of ergot.	?	Mass size of an orange, round and somewhat firm; surface irregular and covered with clotted blood. Section showed a compact texture with a small central cavity lined by serous membrane and containing a small quantity of fluid.	Rapid	E. Rosenthal.	Ditto.
18	Hungarian woman.	40	?	?	?	Slight at time of delivery.	Spontaneous	Good.	Large fleshy mass about the size of a fœtal head; walls about three inches thick containing small cavities filled with blood. Central cavity lined with serous membrane containing some fluid.	Yes	Ditto.	Ditto.
19	Mrs. H. Polish woman.	38	?	5 labors; 3 miscarriages	Over a year before delivery of mole.	Constant dribbling for 4 mos. prior to delivery.	Instrumental—placental forceps, curette, blunt hook.	?	Mass composed of very dense fibrous tissue with here and there small pellicles of calcareous deposits.	Good	Ditto.	Ditto.
20	Mrs. B. F.	33	?	4 miscarriages, then a pair of living twins. One year later gave premature birth to 7	?	None.	Spontaneous	?	Large fleshy mass, size of adult head, pliable, easily moulded, with small central cavity containing a small amount of fluid.	Good	Ditto.	Ditto.

				mos. twins; one year later gave birth to full term child and present mole.								
21	Mrs H.	45	May 2, 1848	?	Menstruat'n ceased for 7 months, and then reappeared, tho' irregular as to time and quantity. 6 years later was delivered of a living child. Menses then resumed their irregular character until delivery of mole fifteen years after original trouble.	For 6 mos. prior to delivery of mole had a constant discharge of sanious and purulent fluid, together with small fragments of ossific matter size of finger nail to mere powder; and frequently irregular small, fleshy masses were passed, some weighing over an ounce.	Manual.	?	Homogeneous conglobate mass, weighing about 4½ pounds, of a yellowish color, resembling healthy liver in consistence, but much more elastic, and covered externally with scales of ossific matter. Mass was 10 inches long, 4 inches wide, 2 to 3 inches thick; wedge-shaped. Nearly a gallon of semi-purulent fluid, extremely offensive, escaped after the delivery of the mass.	Slow	R. R. Stone.	Northwest'rn Med. and Surg. Journ. Chicago, Aug. and Sept. 1848.
22	Mrs S.	30	Feb. 6, 1883	3 labors.	Not menstruated since birth of last child 5 months before.	Slight since January 19, 1883. Considerable for few days before delivery of mole.	Spontaneous after administration of ergot.	?	Pear-shaped body resembling placenta tissue.	Good	O. V. Thayer.	Pacific Med. and Surg Journ., May, 1883.
23	Mrs. F.	25	April 22, 1890	?	July, 1839.	On Dec. 25, 1889, hemorrhage of 1 or 2 ounces repeated at irregular intervals for 3 weeks. Slight at time of delivery of mole.	Spontaneous	Good.	Mass the size of a large fig resembling placental tissue.	Yes	H. F. Vickney	Boston Med. and Surg. Journ., Oct. 30, 1890

No.	Name.	Age	Date of delivery.	Number of labors and miscarriages	Last menstruation.	Hemorrhage	Delivery: spontaneous manual, instrument'l	Former health.	Character or condition of expelled mole.	Re-cov'ry	Accoucheur.	Where reported.
24	?	?	Oct. 12, 1877	7 labors. Three days after discharge of mole a highly decomposed 4½ mos. fœtus was discharged; placenta, adherent and rotten, was removed by hand.	June 1, 1877.	Profuse bloody discharge, thin, black, and offensive, from Sept. 20	Spontaneous	Good	Dense mass, size of hand, two fingers thick; covered with serous membrane; adherent to the side of the uterus for a space the size of a dollar. On section, the color and texture resembled liver. The mass was of the form and appearance of liver.	Good	Caspari.	Deutsche med. Woch., Berlin, 1878, iv. 30.
25	C. R.	37	June 6, 1846	10 pregnancies. (Each of these ten pregnancies resulted in a well developed fœtus of 5–7 mos, accompanied with a mole as in present instance, attended with severe hemorrhage).	?	Mild for some time before delivery of mole; severe at time of delivery.	Manual.	?	Mass weighing 12 ounces. One and a half hours later a six or seven months fœtus together with the placenta was discharged.	Yes	Majer.	Med. Corr-Blatt. d. Wurtemberg, arztl.ver. Stutt., 1847, xvii. 304.
26	Frau S.	?	?	?	?	From birth of child 18 days before until delivery of mole.	Spontaneous	?	Long, round, fleshy mass, size of a pigeon, weighing 1½ pounds. Outer surface covered with sero-fibrinous membrane to which fatty particles were adherent. Section revealed a fasciculated mesh	Yes	J. Kraus.	Allg. Wien. Med. Zeitg., 1866, xi. 273.
27	?	?	1866	8 labors.	7 months before delivery of mole.	Slight from middle of second month up to delivery of mole.	Manual, 46 hours after administration of ergot and insert'n of elastic catheter. Living child 27–30 weeks old, born at same time, but died in two days.	?	Mass size of an apple, presenting the ordinary characteristics of a fleshy mole.	Good	O. v. Forunque.	Wien. med. Presse, 1866, vii. 233–235

Desirous of knowing whether endometritis had any obvious part in the etiology of molar pregnancy, I had one of the headings in the tables relating to it, but as in not a single instance was any reference made to the disease, I have omitted this heading in the published tables.

For the following case I am indebted to Dr. Charles L. Spivak:[1]

The patient was twenty years of age; ten months married, and the last menstruation was three months after. During the seven months there was some abdominal enlargement and no threatening of miscarriage, except there was twice slight discharge of blood. In the examination a uterine sound was introduced, but immediately withdrawn when found to have penetrated five inches. Six hours after the introduction of the sound uterine contractions began, and thirty-five hours after their commencing a fleshy mole the size of the fist was removed with placental forceps.

The next two cases illustrate the fact that there may be a plural conception in some cases of molar pregnancy:

Frau ——, had two normal pregnancies; then, after four months and a half absence of menstruation, expelled an ovum corresponding to the third month, and, three days after, a flesh-mole the size of a walnut; it had an amnial sac containing only fluid.[2]

Frau ——; seven pregnancies—one with twins—and then the eighth pregnancy began, in October; labor occurred in July. First there was a mole the size of two fists expelled—mola carnosa—and then a trauben-mole weighing five pounds. A year afterward this woman gave birth to a healthy child at term.[3]

It is an interesting fact, which may be stated in this connection, that La Motte (*Traité des Accouchemens*, Observation XIV.) narrates a case in which, after the removal of one mole, the hemorrhage not ceasing, he removed a second, and then the flow stopped. This writer, whose reports of cases are always interesting and often very instructive, gave other illustrations of molar pregnancy, stating that one of the characteristics of such pregnancy was an increase of size much greater than corresponded with the period of pregnancy; thus, a woman at two and a half months would be as large as she ought to be at five months of normal pregnancy. Nevertheless, notwithstanding the usual accuracy of this great obstetrician's observations, such rapid abdominal enlargement is characteristic of an "hydatid," rather than of a "fleshy" molar pregnancy.

The following is the report of a case under Dr. Winckel's care and given me by him:

Frau F. came under my care January 5, 1885. She was twenty-five years old, and married seven months; she suffered from dysmenorrhœa, with scanty flow. Treatment: Infusion of hyoscyamus leaves, and Lugol's solution locally applied. May 18, 1885, the flow was more abundant and without pain. High altitude, Rigi, and cold bathing. July, 1885, conceived. First vomiting, August 4th. Menses absent in August and September. October 28th, threatened miscarriage. November and December, the uterus ceased to increase in size; condition of patient good. January 9th, seventy-three days after the threatened abortion—that is, at the end of six months of pregnancy—profuse discharge of blood, and January 10th—that is, on the one hundred and sixty-eighth day—there was expelled a mass the size of a hen's egg, in which the embryo is not found; the amnial liquor is cloudy, and the chorion contains small apoplectic areas. Puerperium normal. Then albuminate of iron was given. She conceived again in August, 1886; was constantly in bed from September 9th to the 30th and again from October 8th to November 30th. She went to term, and was delivered, May 3d, with forceps, on account of danger to the child. She has been perfectly well, but has not again become pregnant.

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[1] Personal communication.

[2] Monat. f. Geburtskunde und Frauenkrankheiten, Berlin, 1859.

[3] Berlin. klin. Wochenschr., 1873.

My own case is briefly as follows:

Mrs. ——, about thirty years of age, has given birth to three children and has had two miscarriages. When she consulted me she supposed herself to have completed six months of pregnancy; was confident there was abdominal enlargement, and believed that she had felt fœtal movements. In the third month of pregnancy she was threatened with miscarriage first, and subsequently the danger seemed so imminent that at one time she remained in bed for five weeks, and used occasionally opium suppositories. Examining the uterus I found it about twice the size of the unimpregnated organ, but its development did not approximate that of six months. I assured her that either she was not pregnant at all or else the embryo had perished some time before. I suggested to her instead of confinement to the house, still less to the bed, a ride on horseback. She took a ride the following day—in a carriage, however—and at night I was sent for, and found her suffering with regular uterine contractions and some flow of blood, by no means great. In two hours after my arrival a mole nearly the size of the palm of my hand was expelled; this mass, when placed with its uterine surface upon a plate, presented an elevation not dissimilar to that of a watch-crystal upon the face of the watch, and was caused by the amnion raised by between one and two tablespoonfuls of liquor, which was only slightly cloudy, and contained no trace of an embryo. Her convalescence was satisfactory.

The brief history enforces this truth, that when in a pregnancy the uterus ceases to enlarge, its size in a given time being much less than normal, it is unwise to endeavor to avert or to postpone a miscarriage.

In examining these tables one is struck by the fact that the first is rarely a molar pregnancy; there were only four primigravidæ in fifty-four; some of the women had ten, one eleven, another twelve previous pregnancies.

Endometritis has been suggested as one of the causes of molar pregnancy. Thus, a recent writer,[1] reporting some cases occurring in his practice, observes: "I am inclined to think that a disease of the uterus, especially of the endometrium, plays an important part in the causation in many cases, and may be aided by a debilitated condition of the system." But this hypothesis finds no support in these reports, for endometritis is not mentioned as being present in a single case; moreover, several women are stated to have had a normal soon following the abnormal pregnancy. Indeed, so far as careful examination of these moles testifies, the condition of the chorion[1] has more to do with their production than that of the decidua. It seems to me, however, it would be a mistake to reject disease of the endometrium as a possible cause, and this opinion is confirmed by a recent case under my care, in which such disease was present both previous to the conception and after the expulsion of the mole. Indeed, so strongly am I impressed with this possible etiology in some cases, that if recurrence of this accident was observed, the recurrence being after a brief interval, my belief is that careful examination would discover an endometritis, the appropriate treatment of which might avert a succeeding abnormal pregnancy.

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[1] Annals of Gynecology and Pædiatrics, May, 1891.

Several of the histories show that Nature is ready, upon slight provocation, to cast off the abnormal product; the uterus is, as it were, in a condition of unstable equilibrium, and tampon, catharsis, or the gentle use of the uterine sound may disturb that equilibrium, exciting its activity.

If uterine action has begun, is interference by active means advisable? When we remember that in twenty-three cases collected in Munich the issue was unassisted—save in one case, in which the hand was employed to remove the detached mass from the os uteri—we may doubt whether placental forceps and curettes will be required, save in the rarest cases. Daily antiseptic vaginal injections may be advisable if the process of detachment and expulsion is slow, and the tampon and ergot if there be much hemorrhage.

So far as can be established by these statistics, the average duration of a molar pregnancy is a little more than four months; such pregnancy may last only two months or extend to twelve. It is probable that in many cases opium, rest, and similar means were employed to prevent miscarriage, and thus this occurrence was often delayed. Therefore, it may be regarded as almost certain that the average duration of this abnormal pregnancy should be stated as between three and four months.

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[1] The same fact, too, is shown in a case reported by Dr. Edis (British Medical Journal, Nov. 2, 1889); it is stated that the specimen showed there had been "hemorrhage into the chorion."